

## Medicare Part D Implementation Problems Reporting Form

Plan Name

Reporting Organization

Date Reported

Pharmacy Name

Region

Pharmacy Street Address

State

Pharmacy City

Complaint Category:

Pharmacy State

Complaint

Pharmacy Zip

Beneficiary Name:

Pharmacy Phone Number

Medicare #

Prescription Drug Card

LIS Eligible

Plan Contract Number

Call Back #

Plan Member Number

Preferred Call Back Time

PBP Number

Is the beneficiary completely out of medication and unable to get it?

Incident Date

Drug(s) Information:

Reason card didn't work at pharmacy

Complaint Summary

Complete this form and then FAX it to CMS's secure fax number r 415-744-3771